



Friends of Waller Mill Park

VOLUNTEER APPLICATION

"A volunteer is someone who gives time, energy and talents to others, expecting nothing in return."

CONTACT INFORMATION:

Name: _____ Date of Birth: ____/____/____
Last Name First Name If Under 18 yrs.

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Contact: ☐ Home Phone ☐ Cell Phone ☐ Email

List any languages, other than English, which you speak fluently:

How did you hear about our volunteer opportunities?

Previous volunteer experience:

Organization Name	Position & Duties	Dates

WORK EXPERIENCE: (use additional sheet if necessary)

Briefly describe your current and/or previous work experience (*duties & responsibilities*) relevant to your volunteer interests:

AVAILABILITY: Please check all days of the week that you are available

- ☐ Monday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Tuesday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Wednesday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Thursday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Friday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Saturday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.
- ☐ Sunday Preferred Hours: ____:____ a.m. / p.m. to ____:____ a.m. / p.m.

SPECIAL SKILLS AND INTERESTS: (Check All That Apply)

- ☐ Dog Park Monitor
- ☐ Landscape/Flowerbeds
- ☐ Program Leader
- ☐ Special Events
- ☐ Park Monitor
- ☐ Carpentry
- ☐ Trail Maintenance
- ☐ Summer Camps

Do you have a number of service hours you are required to fulfill? ☐ Yes ☐ No

If so, how many hours? _____ How long do you have to complete your hours? _____

As a volunteer please list any physical limitations, medical conditions, allergies, and medications that you feel we need to know about in the event of an emergency:

All volunteers are required to have a background check before they begin work.

In Case of Emergency, Please Contact:

Name: _____

Phone: (____) _____

Relationship: _____

PLEASE RETURN APPLICATION TO:

Williamsburg Recreation
Attention: Waller Mill Park
202 Quarterpath Road,
Williamsburg, VA 23185

CONTACT US:

Phone: (757) 259-3778

Email: mvanaude@williamsburgva.gov

Website: www.williamsburgva.gov/rec

Volunteer Agreement

The following agreement is to outline the expectations of volunteers. By signing you are agreeing to follow these guidelines throughout the course of your volunteer work. This agreement applies to all persons who are performing non-compensated volunteer services for the Department.

Please initial each:

- _____ If at any time I do not understand, or feel uncomfortable with the duties assigned, I agree I will not proceed and will notify my supervisor immediately.
- _____ I agree to report any illness or injury to my supervisor immediately and authorize emergency medical care should it become necessary. Injuries will be reported no matter how minor.
- _____ I agree to report all volunteer hours to the department on a monthly basis.
- _____ I agree to abide by all safety procedures during the course of my volunteer work.
- _____ I agree not to be under the influence of alcohol or any illegal drugs while performing volunteer services.
- _____ I understand that the Department or I may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

VOLUNTEER AGREEMENT:

I understand that I am offering my services to the City of Williamsburg without compensation. Once I become a City of Williamsburg volunteer, I agree to abide by all city rules, regulations and policies.

Signature: _____ **Date:** ____/____/____

Waller Mill Park Manager

____/____/____
Effective Date

Waller Mill Park Media Release:

I authorize the Williamsburg Parks and Recreation Department to reproduce and/or publish pictures or likeness of myself and/or my child/children for the promotion of, or encouraging public participation in, the Williamsburg Parks and Recreation programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

Participant's Name:

(Printed Name)

Parent / Guardian Name:

(Printed Name)

Signature:

Date:

____/____/____